

2006 SPINACH OUTBREAK (0609mLEXH-2c)

Name/ID number _____

r proxy? Phone _____

Age _____ Sex ☐ M ☐ F State _____ County _____ Interview by _____ on _____

Onset of first sx: August _____ Sept _____ 2006 Onset of first diarrhea or vomiting: August _____ Sept _____

Specimen collection date: August _____ Sept _____ Lab ID _____

Y	?	N	SEVERITY OF ILLNESS
A	<input type="checkbox"/>	<input type="checkbox"/>	MD visit
B	<input type="checkbox"/>	<input type="checkbox"/>	ER visit
C	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalized overnight <i>If yes, number of hospital nights _____</i>
D	<input type="checkbox"/>	<input type="checkbox"/>	HUS
E	<input type="checkbox"/>	<input type="checkbox"/>	Died

EXPOSURES (ASK ABOUT THE 10 DAYS BEFORE ONSET)

Y	?	N	SPINACH etc.	Y	?	N	PRODUCT DOCUMENTATION
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat any fresh strawberries?	A	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any leftover packaging? UPC _____ (10-digits) "Best by"/Lot codes _____
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat bagged salad items of any kind?				
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat any bagged item with lettuce?				
D	<input type="checkbox"/>	<input type="checkbox"/>	Do you remember eating spinach of any kind?	B	<input type="checkbox"/>	<input type="checkbox"/>	Any leftover spinach from open bag?
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat any prepackaged spinach product? <i>P</i> <input type="checkbox"/> bag <i>Q</i> <input type="checkbox"/> clamshell <i>R</i> <input type="checkbox"/> _____	C	<input type="checkbox"/>	<input type="checkbox"/>	Any unopened bag purchased at same time? Package size (e.g., 5 oz., 10 oz., "big") _____
			_____ times On how many occasions did you eat packaged spinach products in the 10 days before onset?				
			Where did you eat the spinach?				ONLY IF NEEDED TO IDENTIFY SPECIFIC PRODUCT
F	<input type="checkbox"/>	<input type="checkbox"/>	own home	D	<input type="checkbox"/>	<input type="checkbox"/>	Do you recall the brand(s) of spinach you had?
G	<input type="checkbox"/>	<input type="checkbox"/>	other private home	E	<input type="checkbox"/>	<input type="checkbox"/>	Dole
H	<input type="checkbox"/>	<input type="checkbox"/>	restaurant	F	<input type="checkbox"/>	<input type="checkbox"/>	Popeye
I	<input type="checkbox"/>	<input type="checkbox"/>	_____	G	<input type="checkbox"/>	<input type="checkbox"/>	Fresh Express
			_____ pack(s) How many different [spinach] packages did you eat from during the 10 days before you got sick?	H	<input type="checkbox"/>	<input type="checkbox"/>	Earthbound Organics
J	<input type="checkbox"/>	<input type="checkbox"/>	if >1, were they all the same kind?	I	<input type="checkbox"/>	<input type="checkbox"/>	_____
			_____ people How many people ate spinach from bag 1?	J	<input type="checkbox"/>	<input type="checkbox"/>	Was it specifically marked as "baby spinach"?
			_____ people How many people ate spinach from bag 2?	K	<input type="checkbox"/>	<input type="checkbox"/>	Was it specifically marked as "organic"?
K	<input type="checkbox"/>	<input type="checkbox"/>	Did any others who ate the spinach become ill?	L	<input type="checkbox"/>	<input type="checkbox"/>	Was it a mixed product, such as "salad mix" or "spinach and red leaf"? <i>If needed, describe packaging label/name/color</i> _____
L	<input type="checkbox"/>	<input type="checkbox"/>	Was the spinach re-washed before consumption?				
M	<input type="checkbox"/>	<input type="checkbox"/>	Was any of the spinach eaten raw?	M	<input type="checkbox"/>	<input type="checkbox"/>	Is the receipt available from your purchase? Item UPC _____ If no UPC, get info from receipt date _____ time _____ terminal _____ store # _____ transaction _____ _____
N	<input type="checkbox"/>	<input type="checkbox"/>	Was any eaten cooked? On what date(s) did you consume the spinach? date 1 _____ time 1 _____ date 2 _____ time 2 _____ date 3 _____ time 3 _____ _____	N	<input type="checkbox"/>	<input type="checkbox"/>	If not, did you pay with credit card transaction # _____
			POINT OF SALE Date of Purchase _____ Time _____ Store Name _____ Store Location or # _____	O	<input type="checkbox"/>	<input type="checkbox"/>	Paid with debit card transaction # _____
				P	<input type="checkbox"/>	<input type="checkbox"/>	Used a store "shopper card" card # _____ <i>Get permission (in writing?) to have store look up records based on shopper card, etc.</i>